Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90057 022 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096339

1. Corporation Name VORTEX/RULE POOL SERVICES, INC.								
Principal Place	of Business	Mailing Address	•			1 19811891 Its 16116 Still Sellt Sellt Sellt sellt sellt sellt still still still still still still still sellt		
6251 NORTH DIXIE HIGHWAY 1467 NORTHEAST 57 PLACE								
FORT LAUDERDALE FL 33334-3633 FORT LAUDERDALE FL 33334-6119						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 11/26/1996		
2. Principal Pl	2a. Mailing Address				4. FEI Number Applied For			
1467	NE 57 Place	26	26			65-0714034 Not Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	en interest and a second			5. Certificate of Status Desired		
City & State	AUDÉRDALE, FL	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees		
Zip	Country	Zip Country				8. This corporation owes the current year Intangible		
<u>24</u> 3333	4-611 9 25 USA	29 30				Personal Property Tax. ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent				\Box		10. Name and Address of New Registered Agent		
MACDONALD, PETER B 6251 NORTH DIXIE HIGHWAY FORT LAUDERDALE FL 33334-3633				81 82 83	.,,,,	PETER B MACDONALD Address (P.O. Box Number is Not Acceptable) 1467 NE 57 PLACE		
				84	City F T	LAUDERDALE FL 85 Zip Code 33334		
11. Pursuant to office or read agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of n familiar with, and accept the obligation	and 607.1508, Florida Statute: Florida. Such change was au ons of, Section 607.0505, Flori	s, the a thorized da Stati	bove d by t utes.	-named corporation	propration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE						3/29/69		
	Signature, typed or printed name of registered agent			Agent	signature requir	ired when reinstating) DATE		
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition		
TITLE	PD							
NAME	MACDONALD, PETER B		1.2 N					
STREET ADDRESS 6251 NORTH DIXIE HIGHWAY		000	1.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33334-3633			1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition		
TITLE	_		1					
NAME	MACDONALD, GRACE H		2.2 N					
STREET ADDRESS	6251 NORTH DIXIE HIGHWAY		1	2.3 STREET ADDRESS				
~CITY-ST-ZIP			2.4 CITY-ST-ZIP -		Change Addition			
TITLE			3.1 N			2 , 2		
NAME					ADDRESS	•		
STREET ADDRESS						·		
CITY-ST-ZIP	-	☐ DELETE	3.4. C	TTY-ST	1-2P	☐ Change ☐ Addition		
TITLE			4.1 II					
NAME			4. 2 N	WW				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CNATURE PRETERIBY MACCONALD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

Daytime Phone #

Change

Change

☐ Addition

☐ Addition